



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

PHYSICAL PERFORMANCE TESTING

1. Technician ID: _____

15 FEET MEASURED WALKS:

"We would like to analyze your walking. If you use a cane or other walking aid and would feel more comfortable with it, then you may use it."

First Usual Walk

"This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the course before you stop. I will walk with you".

Demonstrate the walk for the participant.

Do you feel this would be safe?

When I want you to start, I will say: "Ready, begin."

Have the participant stand with both feet touching the starting line. When the participant is properly positioned at starting line, say: "Ready, begin."

Press the start/stop button to start the stopwatch when you say "begin".

Walk behind and to the side of the participant.

Stop timing when one of the subject's feet first crosses the end line.

2. Time for **First Usual Walk** (in seconds):

₁ Completed **—————> Complete Q#2a and Q#2b and proceed to Q#3 (2nd Usual Walk)**

₉₇ Not Completed **—————> Complete Q#2c and proceed to Q#4 (Chair Stands)**

A. If **Completed**, Time for 15 feet walk:

_____ . _____ seconds

B. If **Completed**, aids used:

₁ No aid

₂ Walker

₃ Quad Cane

₉₈ Other cane or support

C. If **Not Completed**, check one of the following:

₁ Tried but unable

₂ Participant could not walk, even with support

₃ Not attempted, examiner deemed unsafe

₄ Not attempted, participant felt unsafe

₉₇ Participant refused



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Second Usual Walk

"Now I want you to repeat the walk. Remember to walk at your usual pace, and go all the way past the other end of the course."

When the participant is properly positioned at starting line, say: "Ready, begin."

Press the start/stop button to start the stopwatch as the participant begins walking.

Walk behind and to the side of the participant.

Stop timing when one of the subject's feet first crosses the end line.

3. Time for **Second Usual Walk** (in seconds)

₁ Completed —————→ **Complete Q#3a and Q#3b and proceed to Q#4 (Chair Stands)**

₉₇ Not Completed —————→ **Complete Q#3c and proceed to Q#4 (Chair Stands)**

A. If **Completed**, Time for 15 feet walk:

_____.____.____.____ seconds

B. If **Completed**, aids used:

₁ No aid

₂ Walker

₃ Quad Cane

₉₈ Other cane or support

C. If **Not Completed**, check one of the following:

₁ Tried but unable

₂ Participant could not walk, even with support

₃ Not attempted, examiner deemed unsafe

₄ Not attempted, participant felt unsafe

₉₇ Participant refused



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PHYSICAL PERFORMANCE TESTING

REPEATED CHAIR STANDS

"The next test measures the strength in your legs. Do you think it would be safe for you to try to stand up from a chair ten times without using your arms?"

The chair should be placed against the wall. Demonstrate (sit all the way back into the chair 10 times and stand up all the way absolutely straight) and explain the procedure: *"Fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest. Please stand up straight as QUICKLY as you can ten times, without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I'll be timing you with a stopwatch."*

When the participant is properly seated, say: "Ready?... Stand" and begin timing.

Count out loud as the participants arises each time, up to ten times. Do not pace the participant.

Press the "Split/Lap" button on the stopwatch when he/she has straightened up completely for the fifth time and press the "Start/Stop" button on the stopwatch when he/she has straightened up completely for the tenth time.

Record the time shown on the stopwatch for five chair stands. Press the "Split/Lap" button once for the total time for the ten completed chair stands.

Stop if the participant becomes tired or short of breath or you are concerned for his/her safety. Also stop:

-If participant uses his/her arms

-After 1 minute, if participant has not completed 10 rises

If the participant stops and appears to be fatigued before completing ten stands, confirm this by asking: "can you continue?" If participant says "Yes", continue timing. If participant says "No", stop and reset the stopwatch.

4. Number of stands completed: _____

- If **10 stands** are completed _____ → **Answer Q# 5 and Q# 6**
- If **5 – 9 stands** are completed _____ → **Answer Q#5**
- If **0 – 4 stands** are completed _____ → **Answer Q#7**

5. If **Five Stands** done successfully, record time in seconds

Time to complete five stands: _____.

6. If **Ten Stands** done successfully, record time in seconds

Time to complete ten stands: _____.

7. If **Not Completed or Not Attempted:**

- ₁ Tried but unable
- ₂ Not attempted, examiner deemed unsafe
- ₃ Not attempted, participant felt unsafe
- ₄ No suitable chair
- ₉₇ Participant refused